

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

Evidence for change of age shown on:

FILM No. G 116 MAY 25 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George B. Barnes

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M W married

6. (b) Name of husband or wife

Mary Barnes

7. Birth date of deceased (mo., day, yr.)

Oct. 6, 1878

6. (c) If alive, give age 69 years

8. AGE:

Years

Months

Days

If less than one day

69 6 14 hrs. min.

9. Birthplace

Pocomoke City, Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

Clarice Barnes

13. Birthplace

Pocomoke City, Md.

14. Maiden name

Effie Linkfield

15. Birthplace

Pocomoke City, Md.

16. Informant

George Barnes Jr.

Address

Princess Anne, Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

April 24, 1948
(month) (day) (year)

Cemetery or crematory

Episcopal Cemetery

Location

Princess Anne, Md.

18. Funeral director

Wale Washell

Address

Princess Anne, Md.

19.

(Date rec'd by registrar)

19

4/23

48

R. J. Pherson

M. D.

g.d.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Somerset

City or town

Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

April 20 1948 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 1948 to April 15 1948

and that I last saw him alive on

April 13 1948

Immediate cause of death

coronary atherosclerosis

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

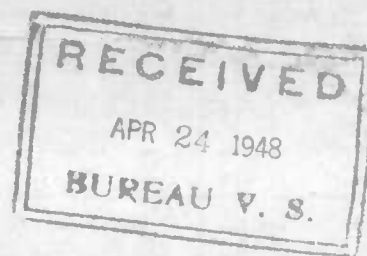
Frank Mates

M. D. or other

Address

Princess Anne

Date signed 4/23/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County... Somerset
 City or town... Upper Fairmount
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

Irene E. Beauchamp

4. Sex female 5. Color of race white 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Frank W. Beauchamp6. (c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr.) Aug 17, 1885

8. AGE: Years 62 Months 7 Days 27 If less than one day
 hrs. min.

9. Birthplace Fairmount Somerset, Md
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name Walter A. Meredith13. Birthplace Maryland14. Maiden name Ruth B. Hewitt15. Birthplace Somerset, Md16. Informant Catherine NelsonAddress Westover, Md17. Burial Date thereof Apr. 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory K.O.P.Location Upper Fairmount18. Funeral director Harry B. MilesAddress Upper Fairmount19. 4/16 19 48 R. B. Johnson, M.D.
(Date rec'd by registrar) (month) (day) (year) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Somerset
 City or town... Upper Fairmount
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1700
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14 19 48 at 4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13, 1947 to April 4, 1948
 and that I last saw him alive on April 4, 1948

Immediate cause of death Cerebral Infarction DURATION InstantDue to Hypertensive Heart Disease DeathDue to 10 yrs.Other conditions Cerebral 6 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

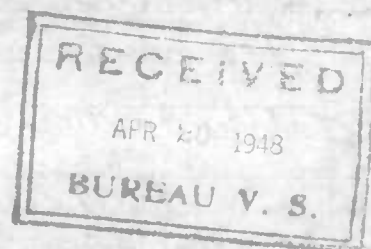
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ther B. Miles M.D. or otherAddress Princess Anne, Md Date signed April 16, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Evidence for change of birth date 2411 N. Charles St., Baltimore

and age shown on:

CERTIFICATE OF DEATH

Reg. Dist. No. 265

FILE NO. G 115 APR 26 1948

1. PLACE OF DEATH:
County Somerset
City or town Lansfield (If outside city or town limits, write RURAL and give nearest town) Rural
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:
Ms. Loready Memorial
How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Somerset
City or town Lansfield (If outside city or town limits, write RURAL and give nearest town)
Street No. Love St (If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME Joseph J. Bradshaw
4. Sex Male 5. Color or race White 6. (c) If single, married, widowed, or divorced married

3. (b) Social Security Number
218-05-8880

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1948, at 11:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 12 1948, to April 17 1948, and that I last saw him alive on April 17 1948.

Immediate cause of death Chronic myocardial infarction
DURATION 5 days

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. W. Peyton M.D.
Address 33 W. Main St. Crisfield Date signed Apr 19

6. (b) Name of husband or wife Sallie A.
7. Birth date of deceased (mo., day, yr.) October 7, 1889
8. AGE: Years 60 Months 59 Days 10 It less than one day hrs. min.
9. Birthplace Lansfield, Md. (Town, county, and state)
10. Usual occupation book
11. Industry or business Restaurant keep.
12. Name James Bradshaw
13. Birthplace Lansfield
14. Maiden name Margie Smith
15. Birthplace Wesleyville
16. Informant Sallie A. Bradshaw
Address Love St., Lansfield, Md.
17. Burial Date thereof 4/20/48
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Lansfield
Location Lansfield, Md.
18. Funeral director Wesleyville & Sonington
Address 306 Main St. Lansfield, Md.
4/19 48 Janice E. Spier
(Date rec'd by registrar) Registrar

RECEIVED

APR 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and in correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County..... **Somerset**
 City or town..... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **23 years**
 Hospital, institution, or street address where death occurred:
Paper St.
 How long in hospital or institution? *********

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... **Maryland** County..... **Somerset**
 City or town..... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **Paper St.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... *********

3. (a) FULL NAME

PETER BROUGHTON

3. (b) Social Security Number

4. Sex Male	5. Color or race Colored	6. (a) Single, married, widowed, or divorced Widowed	
8. (b) Name of husband or wife..... Eva Davis			
7. Birth date of deceased (mo., day, yr.) November 15, 1874			
8. AGE: Years 73	Months 5	Days 14	If less than one day hrs. min.
9. Birthplace..... Jamestown, Maryland (Town, county, and state)			
10. Usual occupation..... Seafood Worker			
11. Industry or business..... Oyster			
FATHER	12. Name..... Peter Broughton		
	13. Birthplace..... Jamestown, Md.		
MOTHER	14. Maiden name..... Eliza Maddox		
	15. Birthplace..... Jamestown, Md.		
16. Informant..... Ethel Broughton Address..... Crisfield, Md.			
17. Burial, cremation, or removal, Which? Date thereof (month) (day) (year) Burial May 3, 1948 Cemetery or crematory..... Lawsonia Cemetery Location..... Crisfield, Md.			
18. Funeral director..... H. Harvey Bradshaw Address..... Crisfield, Md.			
19. May 1 19 48 Janice E. Spivey (Date rec'd. by registrar) Registrar			

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **April 29** 19 **48** at **9:30 P**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **March 3** 19 **48** to **April 29** 19 **48** and that I last saw him alive on **April 25** 19 **48**

Immediate cause of death..... **adenocarcinoma of stomach**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... **adenocarcinoma of stomach (physician)** Date of op. **Feb 21, 1948**

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE..... **S. M. Peyton M.D.**
 Address..... **Crisfield, Md.** Date signed..... **Apr 30, 1948**

RECEIVED

MAY 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, IN UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 260

1. PLACE OF DEATH:

County... Bonomet
 City or town... Eden md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution?... no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... md County... Bonomet
 City or town... Eden md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... no
 (If rural, give LOCATION)
 2.(a) If veteran, name war... no 219-07-7597

3. (a) FULL NAME

Sallie J. Donohue

3. (b) Social Security Number

4. Sex... female 5. Color or race... A. P. 6. (a) Single, married, widowed, or divorced... married
 6. (b) Name of husband or wife... Albert Donohue
 7. Birth date of deceased (mo., day, yr.)... Feb 7 1880
 8. AGE: Years... 68 Months... 2 Days... 19 It less than one day... hrs. min.

9. Birthplace... Eden md
 (Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business... same as above

12. Name... Harrison Wright

13. Birthplace... Eden md

14. Maiden name... Annie Morris

15. Birthplace... Eden md

16. Informant... Albert Donohue

Address... Eden md

17. Burial... Burial Date thereof... May 2, 1948
 (Burial, cremation, or removal: Which?) (month) (day) (year)

Cemetery or crematory... Eden

Location... Eden md

18. Funeral director... James H. Stewart

Address... Salisbury, Md

19. 4/30 48 R. H. Johnson, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... April 26 19 48 at... Eden md

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 48 19 48 to April 26 19 48
 and that I last saw her alive on April 25, 48

Immediate cause of death... Cerebral Hemorrhage
 DURATION... 2 wks

Due to... Arteriosclerosis

Due to...

Other conditions... Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

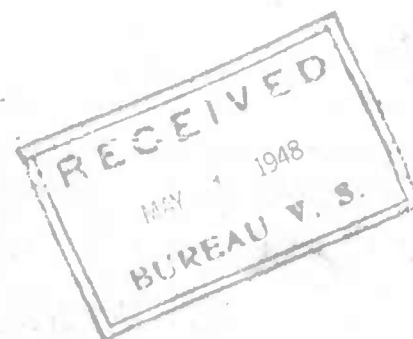
Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE... L. L. Lawry M.D.

M. D. or other

Address... Fruitland Date signed...



Evidence for change of age shown on: MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

FILE No. G 115 APR 14 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Hestover
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 39
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)
State Md. County Somerset
City or town Hestover, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Caroline Fountain

3. (b) Social Security Number

219-01-8191

4. Sex Fe 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband George Fountain

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1891. 8. (c) If alive, give age 66 years

8. AGE: Years 56 Months 55 Days 4 If less than one day 23 hrs. min.

9. Birthplace Princess Anne, Somerset, Md.
(Town, county and state)

10. Usual occupation Domestic

11. Industry or business

12. Name John Festus

13. Birthplace Parson, Virginia

14. Maiden name Lydia Maddox

15. Birthplace Princess Anne, Md.

16. Informant Lydia Tull

Address 614 St. Pocomoke City, Md.

17. Burial Date thereof April 8, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cottage Grove

Location Hestover, Maryland.

18. Funeral director Charles H. Ward.

Address Marion Station, Md.

19. 4/7/48 R. J. Johnson, M.D.
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1948 at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5, 1945 to May 5, 1948 and that I last saw him alive on April 5, 1948

Immediate cause of death Carcinoma of large intestine

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

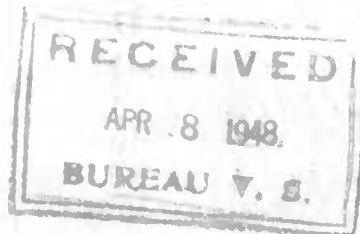
23. SIGNATURE Frank M. M.D. M. D. or other

Address Princess Anne Date signed 5/6/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

93d

262

1. PLACE OF DEATH:

County Somerset
 City or town Rural, Pocomoke md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Rural Pocomoke md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Harriett C. Hayward

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife _____

7. Birth date of
deceased (mo., day, yr.)

8. AGE: Years 87 Months 7 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Rural Pocomoke, Somerset Md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name
13. Birthplace
14. Maiden name
15. Birthplace

John Elzer Hayward
Maryland
Sarah H. Curtis
Maryland

16. Informant Miss Elizabeth Hayward
Address Rural Pocomoke md.

17. Burial Date thereof April 3, 1948
(Burial, cremation, or other) (month) (day) (year)

Cemetery or crematory St. Mary's Episcopal Cn
Pocomoke City md.
Location St. Mary's Cn

18. Funeral director Pocomoke City md.
Address _____

19. April 3 19 48 Mrs. Blanton Harris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1948 at 8:00 PM

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from February 19, 48 to April 1, 1948
and that I last saw her alive on March 31, 1948

Immediate cause of death Arterio-sclerotic DURATION
Hypertensive Cardio-vas. 2 yrs
Disease

Due to Senility 6 yrs

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

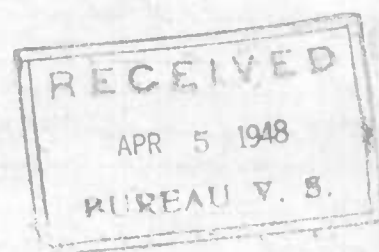
23. SIGNATURE Louis S. Clewely, MD
Address Pocomoke City Date signed 4-3-48
M. D. or other _____

MARGIN RESERVED FOR BINDING

VS A15

9-45-13M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04172 260

1. PLACE OF DEATH:

County Somerset
 City or town near Francis Dam Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Philemon Johnson

3. (b) Social Security Number

4. Sex male 5. Color or race cel 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Mary

7. Birth date of deceased (mo., day, yr.) Sept. 1881

8. AGE: Years 66 Month 6 Days 1 If less than one day
 hrs. min.

9. Birthplace Somerset Co.
 (Town, county, and state)

10. Usual occupation laborer on farm

11. Industry or business ns

12. Name Unknown

13. Birthplace

14. Maiden name Eugenie Westhouse

15. Birthplace Somerset Co. Md

16. Informant John Johnson

Address Walden Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Apr 4th 48
 (month) (day) (year)

Cemetery or crematory Catholic Church

Location Near Walden Md

18. Funeral director Chas Wags

Address Marion Station Md

19. 4/2 48 R. B. Johnson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1948 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death Coronary Sclerosis DURATION

Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Philemon Johnson M. D. or other

Address Francis Dam Md Date signed 4/2/48

RECEIVED

1948

1948

RECEIVED

APR 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 31 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war.

3. (a) FULL NAME

Clinton Jones

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored married

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Mary Lee Jones

7. Birth date of deceased (mo., day, yr.)

(Not known) 19176. (c) If alive, give age Not known

8. AGE:

Years

Months

Days

If less than one day

31

hrs. min.

9. Birthplace

Princess Anne, Md.

(Town, county, and state)

10. Usual occupation

labor

11. Industry or business

FATHER

12. Name

Rufus Jones

13. Birthplace

Princess Anne, Md.

14. Maiden name

Pattie Telghman

15. Birthplace

Princess Anne, Md.

16. Informant

Sadie Jones

Address

Princess Anne, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

4-15-48
(month) (day) (year)

Cemetery or crematory

House David

Location

Chance, Md.

18. Funeral director

William H. James Jr.

Address

Princess Anne, Md.

19.

4/15 1948
(Date rec'd by registrar)R. N. Johnson, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1948 at 3:30 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 12 1948 to April 12 1948and that I last saw him alive on April 12 1948

Immediate cause of death

DURATION

Acute Intestinal Obstruction 2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Edgar G. Morrison

M. D. or other

Address Princess Anne, Md. Date signed 4-14-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Danvers Quarter md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred: noHow long in hospital or institution? no

3. (a) FULL NAME

Leonard Jones4. Sex Male 5. Color or race a.g. 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Sarah Jones
yes 6. (c) If alive, give age Don't know years7. Birth date of deceased (mo., day, yr.) 18898. AGE: Years 59 Months 0 Days 0 If less than one day 0 hrs. 0 min.9. Birthplace Danvers Quarter md
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Same as above12. Name Calvary B Jones13. Birthplace Danvers Quarter14. Maiden name Adeline Jones15. Birthplace Danvers Quarter md16. Informant Sarah JonesAddress Danvers Quarter md17. Burial Date thereof Apr 16-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Danvers QuarterLocation Danvers Quarter md18. Funeral director James H. StewartAddress Danvers Quarter md19. 4/15 19 48 R. H. Johnson, M.D.
(Date rec'd by registrar) g.h.c. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County SomersetCity or town Danvers Quarter md
(If outside city or town limits, write RURAL and give nearest town)Street No. no(If rural, give LOCATION) no2. (a) If veteran, name war no

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 19 48 at 4:02 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 3rd 19 48 to AP. 11th 19 48and that I last saw him alive on AP. 9th 19 48Immediate cause of death Chronic Myocarditis DURATION 4 mthsDue to Chronic MyocarditisDue to Chronic MyocarditisOther conditions Chronic Myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations Chronic MyocarditisDate of op. Chronic MyocarditisAutopsy results Chronic Myocarditis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

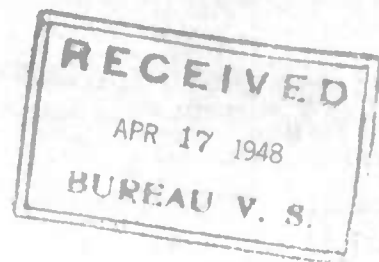
Accident, suicide, or homicide Chronic Myocarditis Date of Chronic Myocarditis

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Edgar G. M. Johnson M. D. or otherAddress Princess Anne, md Date signed 4/12/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04175 265

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Crisfield Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 65 years
 Hospital, institution, or street address where death occurred:
 McCready Hospital
 How long in hospital or institution?..... 30 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Rural, Hopewell
 (If rural, give LOCATION)
 2.(a) if veteran, name war..... *****

3. (a) FULL NAME

SENA A. LANDON

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widowed
 6.(b) Name of husband or wife..... George W. Landon
 Deceased 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... January 28, 1873
 8. AGE: Years..... 75 Months..... 2 Days..... 10 If less than one day..... hrs. min.

9. Birthplace..... Reading, Penna.
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business..... Home
 12. Name..... John W. Blizzard
 13. Birthplace..... Reading, Penna.
 14. Maiden name..... Melissa Boone
 15. Birthplace..... Crisfield, Md.
 16. Informant..... George W. Bradshaw
 Address..... Crisfield, Md.
 17. Burial Date thereof..... Apr 11, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory..... Crisfield Cemetery
 Location..... Crisfield, Md.
 18. Funeral director..... H. Harvey Bradshaw
 Address..... Crisfield, Md.

19. Apr. 10, 1948, Nellie Dryden
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 8th 1948 at 7:50 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 April 5th 1948 to April 8th 1948
 and that I last saw him alive on April 7th 1948

Immediate cause of death..... Coronary occlusion
 DURATION..... 50 hrs

Due to..... Chronic Myocarditis
 Due to..... Chronic Myocarditis
 Jena

Other conditions..... Fungal Aortic Aneurysm
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... George B. Blum M.D.
 M. D. or other
 Address..... Marion St. Md. Date signed..... April 10, 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset
County.....
City or town..... Crisfield Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 63 years
Hospital, institution, or street address where death occurred:
McCready Hospital
How long in hospital or institution? 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland..... County..... Somerset
City or town..... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No..... Wynfall Ave
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
George L. Lowe

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Bessie M. Lowe

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1884
6. (c) If alive, give age..... years

8. AGE: Years 63 Months 7 Days 7 If less than one day hrs. min.

9. Birthplace Crisfield, Maryland
(Town, county, and state)

10. Usual occupation Barber

11. Industry or business

12. Name W. Franklin Lowe

13. Birthplace Crisfield, Maryland

14. Maiden name Hattie Parks

15. Birthplace Fairmount, Maryland

16. Informant Lucas Lowe

Address Crisfield, Maryland

17. Burial Date thereof April 27, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sunny Ridge

Location Crisfield, Maryland

18. Funeral director Hubbard & Covington

Address Main St, Crisfield, Md

19. April 27, 48 Janice E. Spivey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 19 48 at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4 19 47 to April 25 19 48
and that I last saw him alive on April 25 19 48

Immediate cause of death Diabetic gangrene 2 mo
Shock, amputation of rt leg 3 days
Due to above cause

Due to Diabetes mellitus 3 yrs.

Other conditions Arteriosclerosis 1 yr.
Hemiplegia, rt
(Include pregnancy within 3 months of death)

Major findings of operations Obliteration of intima of vessels, arteriosclerosis Date of op April 20 48

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE C. G. Rawley MD
Crisfield, Md M. D. or other

Address Date signed 4/26/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset
City or town Kington
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 27
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset
City or town Kington
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Chester Joseph Maddox

3. (b) Social Security Number

218-16-7954

4. Sex M. 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1919 8.(c) If alive, give age years

8. AGE: Years 27 Months Days It less than one day hrs. min.

9. Birthplace Kington, Somerset, Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name William Maddox

13. Birthplace Kington, Md.

14. Maiden name Mary Jones

15. Birthplace Fairbrent, Md.

16. Informant Claisy Olivia Thomas

Address 945 N. Broad St. Crisfield, Md.

17. Burial Date thereof (month) (day) (year) 4 24 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory Waters Chapel

Location Kington, Md.

18. Funeral director Charles H. Ward

Address Marion Sta., Md.

19. April 23, 48 Registrar Nellie Dwyer

(Date read by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1948 at 9 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1948, to April 20 1948

and that I last saw him alive on April 18 1948

Immediate cause of death Myocardial Infarction DURATION 10 days

Due to Acute Coronary Arteriosclerosis 3 months

Due to hypertension

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel C. Chellman M.D. M. D. or other

Address Marion Station Date signed April 23, 48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County..... **Somerset**
 City or town..... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death..... **12 years**
 Hospital, institution, or street address where death occurred:
302 N. First St.
 How long in hospital or institution..... *********

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... **Maryland** County..... **Somerset**
 City or town..... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **302 N. First St.**
 (If rural, give LOCATION)
 2.(a) if veteran, name war..... *********

3. (a) FULL NAME

MIKUS MILLER

3. (b) Social Security Number

4. Sex..... **Male** 5. Color or race..... **White** 6.(a) Single, married, widowed, or divorced..... **Single**
 6.(b) Name of husband or wife..... **None**
 7. Birth date of deceased (mo., day, yr.)..... **November 9, 1863**
 6.(c) If alive, give age..... years
 8. AGE: Years..... **84** Months..... **4** Days..... **22** If less than one day..... hrs. min.

9. Birthplace..... **Barden, Germany**
 (Town, county, and state)
 10. Usual occupation..... **Bricklayer**
 11. Industry or business..... **Building**
 FATHER 12. Name..... **Joseph Miller**
 13. Birthplace..... **Germany**
 MOTHER 14. Maiden name..... **Mary ?**
 15. Birthplace..... **Germany**
 16. Informant..... **Lewis B. Bradshaw**
 Address..... **Crisfield, Md.**
 17. (Burial, cremation, or removal, Which?) Date thereof..... **April 4, 1948**
 (month) (day) (year)
 Cemetery or crematory..... **Sunny Ridge Memorial Pk.**
 Location..... **Hopewell, Crisfield, Md.**
 18. Funeral director..... **H. Harvey Bradshaw**
 Address..... **Crisfield, Md.**
 19. **4/1** 19**48** **Janice E. Spies**
 (Date, rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **April 1, 1948**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Mar. 3, 1948 to **April 1, 1948**
 and that I last saw him alive on **April 1, 1948**
 Immediate cause of death..... **coronary occlusion**
 DURATION.....
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 8 months of death)
 Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?
 23. SIGNATURE..... **Chas. P. Schwab**
 M. D. or other
 Address..... **Crisfield, Md.** Date signed..... **4/1/48**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04179 269

1. PLACE OF DEATH:

County Somerset

City or town Annapolis
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Annapolis Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Thomas W. Noble

3. (b) Social Security Number

218-09-7835

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Lena M. Noble

6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) February 6, 1886

8. AGE: Years 62 Months 2 Days 18 hrs. min.

9. Birthplace Annapolis, Somerset Md.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business House Carpenter

12. Name Edward Noble

13. Birthplace

14. Maiden name Sam. Smith

15. Birthplace Annapolis Md.

16. Informant Mrs. Lena Noble

Address Annapolis Md.

17. Burial Date thereof April 16, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory G. A. N.

Location Annapolis Md.

18. Funeral director Dale Raphael

Address Princess Anne Md.

19. April 16, 1948 Dr. M. S. Bennett

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1948, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19, 1946 to April 14, 1948.

and that I last saw him alive on April 14, 1948.

Immediate cause of death Carcinoma Bladder

DURATION

Due to 10 yrs.

Due to

Due to

Other conditions Paralysis

Suppuration (Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

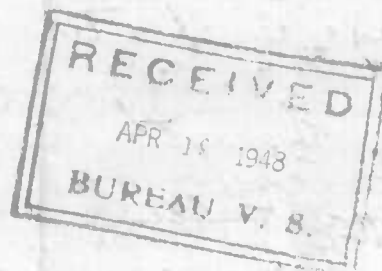
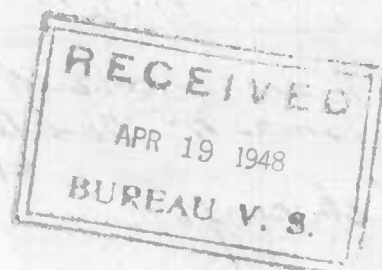
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Dr. M. S. Bennett

Address Princess Anne Md. Date signed 4/15/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
 Paper St
 How long in hospital or institution? *****

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Paper St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war *****

3. (a) FULL NAME

Octavia Pew

3. (b) Social Security Number

4. Sex Female	5. Color or race Colored	6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife None		
7. Birth date of deceased (mo., day, yr.) October 15, 1904		
8. AGE: Years 43	Months 6	Days 14 hrs. min.
9. Birthplace... Crisfield-Somerset-Md. (Town, county, and state)		
10. Usual occupation... Seafood Laborer		
11. Industry or business... Oyster		
FATHER	12. Name William Pew	
	13. Birthplace Virginia	
MOTHER	14. Maiden name Mary Jane Lankford	
	15. Birthplace Princess Anne, Md.	
16. Informant Fred Dorman Address Graysonville, Md.		
17. Burial Date thereof Apr 30, 1948 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Greenwood Cemetery Location Princess Anne, Md.		
18. Funeral director H. Harvey Bradshaw Address Crisfield, Md.		
19. April 30 1948 (Date rec'd by registrar) Janice E. Spies Registrar		

MEDICAL CERTIFICATION

20. DATE OF DEATH... April 28 1948 at 300 H. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 1948 to April 28 1948 and that I last saw her alive on April 26 1948.

Immediate cause of death... Duration
 Acute myocardial infarction
 3

Due to...
 Due to...
 Other conditions... Septicemia
 (Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... S. W. Peyton M.D.
 Address... Crisfield, Md. Date signed... Apr 29, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 260

1. PLACE OF DEATH:

County SOMERSET
 City or town MT. VERNON RURAL
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? LIFETIME
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County SOMERSET
 City or town MT. VERNON (PRINCESS ANNE RURAL)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

GEORGIA ANNA PRICE

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced WIDOWED

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) FEB 4 1975

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace MT. VERNON SOMERSET MD
 (Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name GEORGE HOPKINS

13. Birthplace MT. VERNON, MD.

14. Maiden name EMILY AUSTIN

15. Birthplace MT. VERNON, MD.

16. Informant MRS. S. A. HOPKINS

17. Burial, cremation, or removal. Which? BURIAL Date thereof MAY 2 1948
 (month) (day) (year)

Cemetery or crematory MT. VERNON METHODIST

Location MT. VERNON, MD.

18. Funeral director CHARLES DASHIELL

Address PRINCESS ANNE, MD.

19. 4/30 48 Registrar R. S. Johnson, M.D.

(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH Apr 29th 1948 at 11:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____

and that I last saw h. _____ alive on _____ 19____

Immediate cause of death Cancer of Rectum DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Smith M.D. or other _____

Address Princess Anne, MD Date signed 4/30 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset
County.....
City or town..... Westover, Rural
(If outside city or town limits, write RURAL and give nearest town)
Now long in above place of death? 60 years
Hospital, institution, or street address where death occurred:
RFD #1
How long in hospital or institution? *****

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Somerset
City or town..... Westover
(If outside city or town limits, write RURAL and give nearest town)
Street No..... RFD # 1
(If rural, give LOCATION)
2.(a) If veteran, name war..... *****

3.(a) FULL NAME
ELLA M. RICHARDSON

3.(b) Social Security Number
XXXXXXX

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Robert W. Richardson
6.(c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) February 18, 1878
8. AGE: Years Months Days If less than one day
70 2 22 hrs. min.

9. Birthplace Fairmount-Somerset-Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home

12. Name James A. Bromley
13. Birthplace Wicomico Co., Md.
14. Maiden name Mary E. Livingston
15. Birthplace Wicomico Co., Md.

16. Informant Robert W. Richardson
Address Westover, Md.

17. Date thereof May 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Zion Cemetery
Location Fruitland, Md.

18. Funeral director H. Harvey Bradshaw
Address Crisfield, Md.

19. May 1 19 48 J. E. Spivey Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 19 48 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 48 to April 30 19 48 and that I last saw her alive on April 25 19 48

Immediate cause of death Acute de of heart 1 week

Due to Chronic Dystrophy of heart
Chronic myocarditis

Due to
Other conditions General Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE Eugene B. Williams M.D. or other
Address Marion St. Md. Date signed May 1, 1948

RECEIVED

MAY 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 760

1. PLACE OF DEATH:

County Summers
City or town Barnes Quarter
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Stearns
City or town Barnes Quarter MD
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

William H. Roberts

3. (b) Social Security Number

4. Sex male 5. Color or race col 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Barnes Quarter
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business none

12. Name Wm H Roberts

13. Birthplace Barnes Quarter

14. Maiden name Vergie Williams

15. Birthplace Barnes Quarter

16. Informant Isaac White

Address Barnes Quarter

17. Burial Date thereof Apr. 21 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Barnes Quarter Cem

Location Barnes Quarter MD

18. Funeral director Barker McCue

Address Salisbury MD

19. 4/31 48 R. H. Johnson MD
(Date rec'd by registrar) (year) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1948 at 1:15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1947 to April 19 1948

and that I last saw him alive on April 1 1948

Immediate cause of death _____

Chronic General Arthritis 2 years

Due to _____

Due to _____

Other conditions Infected Haemorrhoids 8 mths

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

Signature Edgar G. T. Marksman

M. D. or other _____

Address Princess Anne MD Date signed 4.20.48

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset
County.....
City or town..... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death..... Lifetime
Hospital, institution, or street address where death occurred:
106 Chesapeake Ave.
How long in hospital or institution.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Somerset
City or town..... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 106 Chesapeake Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

CHRISTOPHER COLUMBUS TYLER

3. (b) Social Security Number

4. Sex..... Male
5. Color or race..... White
6. (a) Single, married, widowed, or divorced..... Widowed
6. (b) Name of husband or wife..... Lillie Tyler
Deceased
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.)..... March 31, 1879
8. AGE: Years..... 69 Months..... 0 Days..... 8 It less than one day..... hrs. min.

9. Birthplace..... Crisfield-Somerset-Md.
(Town, county, and state)
10. Usual occupation..... Waterman
11. Industry or business..... Seafood
12. Name..... William Tyler
13. Birthplace..... Somerset Co., Md.
14. Maiden name..... Sarah Lawson
15. Birthplace..... Crisfield, Md.

16. Informant..... Mrs. Olin Bedsworth
Address..... Crisfield, Md.
17. Burial Date thereof..... Apr 12, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory..... Asbury Cemetery
Location..... Asbury, Crisfield, Md.
18. Funeral director..... Gordon Lawson
Address..... Crisfield Md.

19. April 12 1948 Janice Espinoza
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

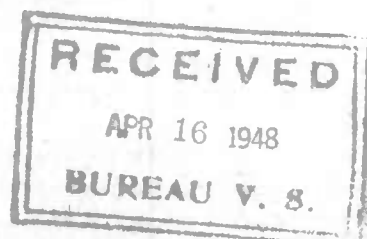
20. DATE OF DEATH..... April 9, 1948 at 7:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1948 to April 9, 1948 and that I last saw him alive on April 9, 1948.

Immediate cause of death..... Adhesive Pericarditis
DURATION..... 3 wks.
Due to..... Myocarditis
DUE TO.....
Other conditions..... Spontaneous Pericarditis
DURATION..... 5 wks.
(Include pregnancy within 8 months of death)

Major findings of operations.....
Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE..... S. W. Peyton M.D. or other
Address..... Crisfield, Md.
Date signed..... April 12, 1948



RECEIVED

APR 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 47 years
Hospital, institution, or street address where death occurred:
Mariner's Road
How long in hospital or institution? *****

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. Mariner's Road
(If rural, give LOCATION)
2.(a) If veteran, name war *****

3. (a) FULL NAME

ALICE WARD

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Fred H. Ward
Deceased 6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 25, 1887
8. AGE: Years 60 Months 9 Days 5 If less than one day hrs. min.

9. Birthplace Poulson-Accomac-Va.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name Lewis R. Bailey
13. Birthplace Unknown
MOTHER 14. Maiden name Mary Anna Pecar
15. Birthplace Unknown

16. Informant Delcena Kelley Evans
Address Exmore, Va.
17. Burial Date thereof May 2, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory St. Paul's Cemetery
Location Marion, Md.
18. Funeral director H. Harvey Bradshaw
Address Crisfield, Md.

19. May 1 19 48 Janice E. Spruiell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 19 48 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 45 to April 30 19 48
and that I last saw her alive on April 29 19 48

Immediate cause of death Acute Dist. of Heart
Coronary occlusion. DURATION 24 hrs

Due to Chronic Dist. of Heart
Chronic myocarditis
Other conditions Myocarditis
General Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George C. Brinkman M.D. M. D. or other
Address Marion St. and Date signed May 1, 48

MARGIN RESERVED FOR BINDING

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9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

114186
265

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Crisfield Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
McCready Hospital
 How long in hospital or institution..... 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Broadway (no number)
 (If rural, give LOCATION)

 2.(a) If veteran, name war.....

3.(a) FULL NAME

LILLIE M. WARD

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	
<u>Female</u>	<u>Colored</u>	<u>Widowed</u>	
6.(b) Name of husband or wife..... <u>Algie Ward</u>			
Deceased..... 6.(c) If alive, give age..... years			
7. Birth date of deceased (mo., day, yr.)..... <u>March 31, 1897</u>			
8. AGE:	Years	Months	Days
	<u>51</u>	<u>0</u>	<u>12</u>
hrs.min.		
9. Birthplace..... <u>Crisfield-Somerset-Md.</u> (Town, county, and state)			
10. Usual occupation..... <u>Seafood Worker</u>			
11. Industry or business..... <u>Seafood</u>			
FATHER	12. Name..... <u>John Johnson</u>		
	13. Birthplace..... <u>Crisfield, Md.</u>		
MOTHER	14. Maiden name..... <u>Sarah A. Tull</u>		
	15. Birthplace..... <u>Crisfield, Md.</u>		
16. Informant..... <u>Addie Sterling</u>			
Address..... <u>Crisfield, Md.</u>			
17. (Burial, cremation, or removal, Which?) Date thereof..... <u>Apr 16, 1948</u> (month) (day) (year)			
Cemetery or crematory..... <u>Lawsonia Cemetery</u>			
Location..... <u>Crisfield, Md.</u>			
18. Funeral director..... <u>H. Harvey Bradshaw</u>			
Address..... <u>Crisfield, Md.</u>			
19. <u>April 15th 48</u> Registrar (Date rec'd by registrar)			

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 13 19 48 at 3:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from one day to April 13, 19 48 and that I last saw her alive on April 13, 19 48

Immediate cause of death.....
acute dilatation of heart
toxaemia
strangulated umbilical
hernia

Due to.....
Chronic
hypertension
chronic nephritis
 (Include pregnancy within 8 months of death)

Major findings of operations.....
Strangulated Umbilical Date of op. April 13 48

Autopsy results.....
None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... Marion, Md M. D. or other
 Address..... Marion, Md Date signed..... 4/14/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04189 265

1. PLACE OF DEATH:

County..... **Somerset**
 City or town..... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **Lifetime**
 Hospital, institution, or street address where death occurred:
McCready Hospital
 How long in hospital or institution?..... **3 weeks**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... **Maryland** County..... **Somerset**
 City or town..... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **232 Somerset Ave.**
 (If rural, give LOCATION)

 2.(a) If veteran, name war.....

3. (a) FULL NAME

MARGARET HATTEN WARD

3. (b) Social Security Number

4. Sex Female	5. Color or race White	6.(a) Single, married, widowed, or divorced Widowed
-------------------------	----------------------------------	---

6.(b) Name of husband or wife..... **John H. Ward**
 Deceased.....
 6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)
March 19, 1868

8. AGE:	Years	Months	Days	It less than one day
	80	1	7hrs.min.

9. Birthplace..... **Crisfield-Somerset-Md.**
 (Town, county, and state)

10. Usual occupation..... **Housewife**

11. Industry or business..... **Home**

FATHER
 12. Name..... **Benjamin Walter Nelson**
 13. Birthplace..... **Onancock, Va.**

MOTHER
 14. Maiden name..... **Nancy Susan Evans**
 15. Birthplace..... **Crisfield, Md.**

16. Informant..... **Wilmer Ward**
 Address..... **Crisfield, Md.**

17. Date of death..... **April 30, 1948**
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory..... **Crisfield Cemetery**
 Location..... **Crisfield, Md.**

18. Funeral director..... **H. Harvey Bradshaw**
 Address..... **Crisfield, Md.**

19. **April 30** 19 **48**
 (Date rec'd by registrar) Registrar **Janice E. Spies**

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **April 26** 19 **48** at **6:40 P**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **March 25** 19 **48** to **April 26** 19 **48**
 and that I last saw him/her alive on **April 26** 19 **48**

Immediate cause of death..... **Coronary atherosclerosis**
 DURATION..... **2 yrs**

Due to.....
 Due to.....

Other conditions..... **Intestinal obstruction - gangrene**
due to adhesions from old operation
 (Include pregnancy within 8 months of death)

Major findings of operations..... **Obstruction due to hernia from old operation - ruptured carcinoma fresh**
 Date of op. **March 25, 1948**
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE..... **Sarah M. Peyton M.D.**
 M. D. or other
 Address..... **Crisfield, Md.** Date signed **April 30**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

